



ENCLOSURE 4 – CAX Course Emergency Notification Document

The purpose of this form is to provide the 3747th MFTB-E with contact information should you become seriously ill or injured, or should someone from your unit need to contact you while you attend the Combined Arms Exercise (CAX) Course. Information contained also helps to determine your billeting assignment and student staff positions while attending the CAX Course. This form is only needed for the period when you are a student with the OES BN, 3747th MFTB-E, and will not be retained for any other reason. **To be immediately completed and returned to the CAX Course Director upon receipt of the Course Preparation Email.**

***** To Be Completed by the CAX Student *****

Rank	Last Name			First Name			MI
Date of Rank		Branch	MOS	Email Address			
Component	Circle all that Apply						
AC / RC	National Guard	Army Reserve	Mobilized	Active Duty	TPU	IMA	IRR
Unit of Assignment (Full Mailing Address)						Country Stationed	
Name of Unit POC				Unit POC Email Address			
Unit POC Contact Number			Unit POC Mailing Address				
USAREUR Drivers License Number			USAREUR Computer Test Date				
			SCAN/ATTACH COPY of Test Completion				
Next of Kin		Relationship to You			Next of Kin Contact Number		
Next of Kin Mailing Address							

***** To Be Completed by the OES BN, 3747th MFTB-E *****

CAX	003	8 July 2005 / 1300	25 July 2005 / 1430
Course	Section	Start Date / Time	End Date / Time
Permanent Staff Position		CAX Billeting Room	CAX Student Number